

# Monadnock Christian Ministries Criminal Record Release Authorization Form

## SECTION I

PLEASE TYPE OR PRINT CLEARLY. ALL INFORMATION IN THIS SECTION MUST BE COMPLETED

NAME \_\_\_\_\_  
LAST (MAIDEN / ALIAS) FIRST MI

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

DATE OF BIRTH \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_ SEX \_\_\_\_\_

DRIVER LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_ SS # \_\_\_\_\_

PURPOSE FOR RECORD:  Housing  Employment  Annulment/Expungement  Other \_\_\_\_\_  
Specify

My below signature certifies that I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
Signed under penalty of unsworn falsification pursuant to RSA 641:3.

## SECTION II

IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,  
**ALL OF SECTION II MUST BE COMPLETED**

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

Monadnock Christian Ministries  
NAME OF PERSON / FIRM TO RECEIVE RECORD

ADDRESS 257 Dublin Rd, PO Box 70, Jaffrey, NH 03452-0070  
STREET CITY STATE ZIP CODE

**MUST BE SIGNED BELOW IN PRESENCE OF NOTARY.** Do not sign in advance.

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NOTARY'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Affix Seal) (Comm Exp.)

\_\_\_\_\_  
SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD DATE \_\_\_\_\_